

TENNESSEE SCHOOL IMMUNIZATION CERTIFICATE

This form and any attachments must be filed in the child's cumulative school record.



I. IDENTIFYING INFORMATION:

Child's Name Birthdate
Parent/Guardian's Name Phone No.
Address

II. REQUIRED IMMUNIZATIONS: Children entering school (K-12) must have the required immunizations listed below or the appropriately documented exemption:

REQUIRED VACCINE	DOSES	COMMENTS
DTP/DTaP/DT/Td	4	One dose must be given after age four. For those starting after age 7, only 3 doses are required.
Polio	4	If the 3 rd dose is given after age 4, the 4 th dose is not required. If a combination of OPV and IPV is used, all 4 doses are needed regardless of age.
Hepatitis B	2 or 3	For Kindergarten entry (3 doses) and 7 th grade (For adolescents, vaccines with either a 2 or 3 dose schedule are available.)
MMR	2	Given after the 1 st birthday. Second dose given at least 30 days after the 1 st
Varicella(Chickenpox)	1	(For Kindergarten Only) Given after 1 st birthday. Parental or physician diagnosis of Chickenpox disease is also acceptable

III. Current Immunization Record:

(If completing manually, please record the date [MM/DD/YY] of each dose received.)

Vaccine	First	Second	Third	Fourth	Fifth
DTP/DTaP/DT/Td					
Polio (OPV/IPV)					
Hepatitis B					
Measles/Mumps/Rubella (MMR)					
Varicella (chickenpox)		Or date of chickenpox disease:			

___ Check here if alternate 2 Dose Hepatitis B schedule for adolescents used

IV. Certifications:

- A. **Immunization:** This child has either received the immunizations required for school attendance or has been granted **a Medical Exemption** as evidenced by the attached statement describing that exemption.

Medical Provider's Name Medical Provider's Stamp or Signature Date

- B. **Health Examination:** Required for children initially entering Tennessee school (K-12).
This child has been examined. Hearing and vision are within normal limits and no other apparent medical conditions that would restrict participation in routine activities were found, except as stated below or in an attached statement:

Medical Provider's Name Medical Provider's Stamp or Signature Date

V. Religious Exemption:

This child is exempt from receiving required immunizations for religious reasons. A signed statement from the